

Case Number:	CM15-0045879		
Date Assigned:	03/18/2015	Date of Injury:	07/30/2008
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 75 year old male sustained an industrial injury to the right knee via cumulative trauma on 7/30/08. Previous treatment included right knee replacement, physical therapy, injections, knee brace, transcutaneous electrical nerve stimulator unit, heat/cold therapy and medications. In a PR-2 dated 1/17/15, the injured worker complained of persistent right knee pain. The injured worker had a recent near fall after his knee buckled. Physical exam was remarkable for tenderness to palpation along the right knee joint line medially and laterally. The injured worker walked with a limp. Current diagnoses included internal derangement of the knee status post meniscetomy, discogenic lumbar condition, depression and sleep disturbance. The treatment plan included medications (Norco, Flexeril, Naproxen and Prilosec) and right knee computed tomography.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT scan for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341, 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter, Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, CT Scans.

Decision rationale: Based on the 12/3/14 progress report provided by the treating physician, this patient presents with persistent right knee pain, and low back pain. The treater has asked for Ct Scan For The Right Knee on 12/3/14 to evaluate previous total joint replacement. The request for authorization was not included in provided reports. The patient is s/p right total knee replacement of an unspecified date, with ongoing pain per 12/3/14 report. The patient's current medications are Norco, Flexeril, Nalfon, and Protonix per 12/3/14 report. The patient is using a knee brace, a hot/cold wrap, and a TENS unit per 11/5/14 report. The patient is not doing any stretches, neither does he do a home exercise program per 11/5/14 report. The patient's work status is permanent and stationary, and hasn't worked since 2008. ODG Knee chapter under CT Scans states: "Recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) Assessing rotational alignment of the femoral component; (4) Detecting subtle or occult periprosthetic fractures. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA. (Davis, 2010) (Kobayashi, 2012) (Nowakowski, 2012) See Three-dimensional CT (3D)." In this case, the patient is s/p total right knee replacement of an unspecified date with ongoing right knee pain. The patient recently nearly fell with increased symptoms and the treater has asked for a CT scan to evaluate the total knee's integrity. However, there is no report of an X-ray checking for loosening in any of the reports previously or recently from 8/6/14 to 4/1/15. A CT scan is not indicated per ODG guidelines without a negative radiograph for loosening. The request Is Not medically necessary.